PRINTED: 02/03/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER. mhl092-576		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE A. BUILDING.	(X3) DATE SURVEY COMPLETED R-C 01/28/2022	
		mhl092-576	B. WING		
NAME OF PROVIDE		STREET AD	DRESS, CITY, S	TATE, ZIP CODE	01/20/2022
UNITED FAMILY	NETWORK	AT WILLOW SPRIN 9609 KEN	NEBEC ROA	D	
(X4) ID PREFIX (E TAG RE	ACH DEFICIEN	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPL
V 000 INITIA	AL COMMEN	ITS	V 000		
on 1/2	28/22. The co	ollow-up survey was completed omplaint was unsubstantiated 391). A deficiency was cited.			2/2
catego Treatr	ory 10A NCA	nsed for the following service AC 27G .1700 Residential ecure for Children or			
	urvey sample	e consisted of audits of 3			

current clients.

V 736 27G .0303(c) Facility and Grounds Maintenance V 736

10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.

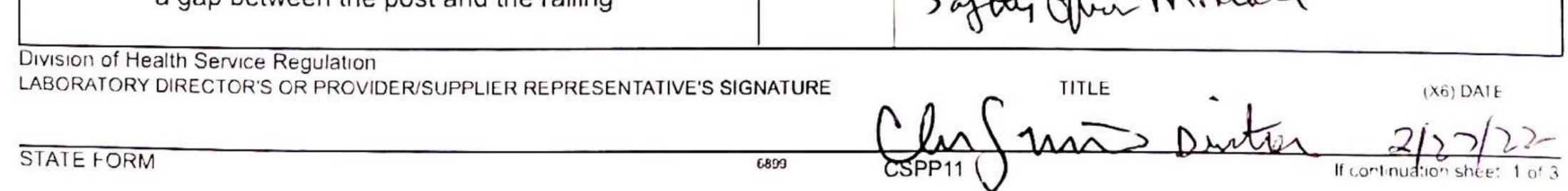
This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:

Observation on 1/19/22 at 2:00 pm revealed:

- Exterior of home stained with brown spots surrounding the front door

 Outside light fixture had cob webs and was dirty

 Railing on the front porch was separating with a gap between the post and the railing All cited deficiences will be woneted by a contractor by 2/28/22. Chris Summors will Monitor Juidup fin Safty office monthly.



RECEIVED

By DHSR Mental Health Licensure & Certification at 8:18 am, Feb 28, 2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	(X3) DATE SURVEY COMPLETED		
mhl092-576			B. WING	R-C 01/28/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
UNITED	FAMILY NETWORK A		NEBEC RO SPRINGS, N			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5 (EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DAT DEFICIENCY)		
V 736	Living room area: - Ceiling cracking front window - Vent on wall clo	g alongside frame above the oser to the floor was dusty ck stains on it by the television	V 736	- Note: Several Contractors have been intacted or	nd	

Hallway:

- Hole in the wall covered by colored wallpaper that was peeling off
- Red stain in the carpet by the wall under the hole
- Corner of wall edge had some missing paint
- Corner of wall had a gash in it

Kitchen:

- Refrigerator door dirty on the outside and stained with brown spots
- Side of counter top surface was peeling off
- Top of the inside back door frame had peeling wood
- Bottom of back screen door frame was dirty with remnants of bugs
- Back door was dirty with bug remnants and peeling wood
- The planks on the deck looked rotted and chipping
- Some planks were lifted and not even with other planks

Rathroom in hallway:

Scheduled repairs and Never sharved up. Provider has been diligent, but primily unable to get contractors to come and fix usus.

TATE FORM	ervice Regulation	6899	CSPP11	If continuation sheet 2 of 3
ivision of Health S	ervice Regulation	1		
	Floor between the toilet and the wall was			
	osing the screws			
	Towel bar missing on the wall by the bathtub			
	lifting causing a gap			
	Area of the wall by the rug where the caulk			
	Rug was ripped			
and	didn't fully close			
-	Cabinet door under the sink had a gap in it			
crac	king			
	Caulking around the toilet was peeling and			
	noom manway.			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		mhl092-576	B. WING		R- 01/2	C 8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
UNITED	FAMILY NETWORK A	T WILLOW SPRIN	NNEBEC ROA SPRINGS, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 2	V 736			
	lifting causing a gap	5				
	Client #2's room: - Small hole in th - Cracks and bro	e closet door wn stains in ceiling				

- Damage to frame around door -

Client #1's room:

- No closet door -
- Closet door frame dirty -
- Bed was sinking in the middle of the mattress -
- Dirty light fixture in the ceiling -

Client #3 & #4's bathroom:

No door where only the sink is located -

Interview on 1/18/22 & 1/19/22 the Director reported:

- Was working on one house at a time in getting the repairs done and had not started on this house yet
- Due to COVID, it was still hard getting contractors out to work but he was working on it
- The contractors should be starting on this house within the next 2 weeks and will be starting with fixing the deck first

orig	s deficiency has been cited 3 times since the inal cite on 4/17/19 and must be corrected in 30 days.			
Division of Health S STATE FORM	Service Regulation	6899	CSPP11	If continuation sheet 3 of 3